

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/004,115 FILING DATE  
APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1		1			
3	2		2			
4	1		1			
5	1		1			
6	1		1			
7	2		1			
8	1		1			
9	1		1			
10	1					
11	4		1			
12	4		1			
13	—		1			
14	1		1			
15	1		1			
16	1		1			
17	—		1			
18	—		1			
19	1		1			
20	1		4			
21	1		1			
22	1		1			
23	—		2			
24	1		1			
25	1		1			
26	1		1			
27	2		2			
28	1		2			
29	2		2			
30	2		2			
31	1		1			
32	1		1			
33	1		1			
34	2		3			
35	3		1			
36	1		1			
37	1		1			
38	—		2			
39	—		2			
40	—		1			
41	—		1			
42	—		—			
43	—		—			
44	—		—			
45	—		—			
46	—		—			
47	—		—			
48	—		—			
49	—		—			
50	—		—			
TOTAL IND.	6	—	6	—	6	—
TOTAL DEP.	13	—	45	—	45	—
TOTAL CLAIMS	20	51	—	—	—	—

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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NO.	IND.	DEP.	NO.	IND.	DEP.	NO.	IND.	DEP.
51								
52								1
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100								
TOTAL IND.	—	—	—	—	—	—		
TOTAL DEP.	—	—	—	—	—	—		
TOTAL CLAIMS	—	—	—	—	—	—		